PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE For Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	correspondence includir ed below or directed oth	ng the	Patent, advance or	rders and notification	of n	naintenance fees wi pondence address;	ill be mailed and/or (b) inc	to the current dicating a separ	correspond rate "FEE	dence address as ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 01/12/2007						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Melvin I. Stolt: 51 Cherry Street Milford, CT 064	R 0 2 2007	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Molywood Stolley Coepositor's name)									
/03/2007 BABRAHA2 (- MAC										
FC:2501 700.00			~	MADEMARK		(Signature)					
FC:1504 300.00			þ			March 29, 2007 (Date)					
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	ITOR	OR ATTO		RNEY DOCKET NO.		CONFIRMATION NO.	
10/828,774 04/21/2004			Ronald Leslie Hui			sh 506-115			5227		
TITLE OF INVENTION: STORAGE UNITS											
				•							
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE TOTA	TOTAL FEE(S) DUE		ATE DUE	
nonprovisional	nprovisional YES		\$700	\$300		\$0		\$1000		4/12/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
PUROL, S	211-070600										
l. Change of corresponde	ence address or indicatio	ee Address" (37	2. For printing on the patent front page, list								
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys I <u>Melvin I. Stolt</u> 2 or agents OR, alternatively,							
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
<u> </u>		- TO D	E PRESENCE	<u> </u>		·		···			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗀 Corporation or other private group entity 🗀 Government											
4a. The following fee(s)	are submitted:		41	o. Payment of Fee(s):	(Plea	se first reapply any	y previously p	aid issue fee s	hown abo	ve)	
Issue Fec A check is enclosed.											
Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any											
Advance Order - 7	f of Copies			overpayment, to	ereby Depos	sit Account Number	the required $19 - 451$	2 (enclose an	iciency, or extra copy	y of this form).	
_ ` .	tus (from status indicate		,								
,	s SMALL ENTITY state			b. Applicant is no							
NOTE: The Issue Fee an interest as shown by the t	ecords of the Chief Sta	es Pat	and Trademark	office	nan u	ne applicant; a regis	tered attorney	or agent; or the	e assignee	or other party in	
Authorized Signature	[][[]h	2	to			Date	March 2	9, 200	7		
Typed or printed name	Melvi	ı I.	Stoltz_			Registration No	o. <u>25</u>	934		·	
This collection of inform	ation is required by 37 C	FR 1.3	11. The information	on is required to obtain	n or r	etain a benefit by th	e public which	n is to file (and	by the US	PTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY